

Susan H. Paschell (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the month prior to the reporting date relative to the following client: Harvard Pilgrim Health Care (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 25, 2018	I. Name of Lobbyis	t(s) James P. Monahan; Susan H. Paschel	<u>!</u>	
Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. W. Date of Report April 25, 2018 July 25, 2018 Junuary 30, 2019 X activity from date of registration to 3/31/18 Junuary 30, 2019 X activity from 7/1/18 to 9/30/18 Junuary 30, 2019 X activity from 10/1/18 to 12/31/18 If you have paid an honorarium or reimbursed expenses, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum C - Political Contributions. Sworn Statement/Affirmation by Lobbyist Inserted to the following client: If you would not not possible to the following client: If you would not not possible transactions occurring in the month prior to the reporting date relative to the following client: Harvard Pilgrim Health Care	II. Name of lobbyis	t's partnership, firm or corporation, if any:		
Business Address: (Street) (Town/City) (State) (Zip Code)* (603) 1228-3322 (603) 228-0713 e-mail imonahan@dupontgroup.com (Telephone)* (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the month prior to the reporting date relative to the following client: Harvard Pilgrim Health Care (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 25, 2018 July 25, 2018 July 25, 2018 activity from 47/1/8 to 6/30/18 October 31, 2018 activity from 47/1/8 to 6/30/18 October 31, 2018 activity from 47/1/18 to 6/30/18 October 31, 2018 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions. Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
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Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions. Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **LUCKUM** **LIBOY2019** 1/30/2019**	VI. Check if additio ☑ If you have recei	onal reports are attached: ved fees or made expenditures, you must file A	ddendum A- Fees and Expenses	
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1/30/2019	I have read RSA 15,	RSA 15-B and RSA 664 and hereby swear or a	affirm that the foregoing information is true and complete to the	;
1/30/2019	surant	. Parchell		
(Signature of lobbyist) (Date)	, 		<u>1/30/2019</u>	
	(Signature of lobbyist)		(Date)	



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	
James P. Monahan; Susan H. Paschell	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	 _
(Name of partnership, firm or corporation)	
III. Name of Client Harvard Pilgrim Health Care Date 1	/30/2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$11000
b) Total of all fees received this calendar year, prior to this reporting period	b)\$55000
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$66000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures of expenses of expenses: (a) the aggregate total of all expenses paid during the roffice expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported.	militures are made by the lobbyist(s)/firm that are militures are to be reported in one of three reporting period for salaries, benefits, support staff, and spenditure was of \$25.00 or less (for example: meals to of a pen with a value of less than \$10 that is given to be sing lobbied with a value of \$25.00 or less); and (c) an operiod of greater than \$25.00 for any purpose not so, purchase of a ceremonial object to be given to the staurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits,	

a) \$ _____

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not report in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Addilines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's reporting the should be the amount on line f of addendum A for last month's reporting the should be the amount on line f of addendum A for last month's reporting the should be the amount on line f of addendum A for last month's reporting the should be the should	e) \$, ort)
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made f whom paid or to whom charged.	from lobbying fees during this reporting period, including by
Paid to: Amount:	·
· · · · · · · · · · · · · · · · · · ·	
	\$
<u> </u>	<u> </u>
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm best of my knowledge and belief. August H. Paschell	that the foregoing information is true and complete to the
	/30/2019
(Signature of lobbyist) (I	Date)
Susan H. Paschell (Print Name of lobbyist)	•
(Fine Name of 1000yist)	·

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: The Dupont Group
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular
client): Harvard Pilgrim Health Care
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
O Addendum B(s).
<u>0</u> Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Jr Me
(Signature of lobbyist) 1/30/2019 (Date)
James P. Monahan (Print Name of Johnwigt)